South Western Ambulance Service NHS
NHS Foundation Trust

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Executive Summary

This plan describes the response arrangements that will be put in place to respond to a mass casualty incident in the South Western Ambulance Service NHS Foundation Trust geographical area and focuses on providing the best possible level of care to patients, casualties, their families, staff and supporting responder agencies. The arrangements within this plan compliment existing arrangement's set out within Local Health Resilience Partnership and Local Resilience Fora Mass Casualty Plans and Frameworks.

Contents

1. PURPOSE

1.1 The purpose of this document is to:

- Provide guidance for South Western Ambulance Service NHS Foundation Trust to respond to mass casualty incidents;
- To describe command and control and leadership of mass casualty incidents.

1.2 This document builds on national guidance, best practice and shared knowledge from partner agencies from the following documents:

- Department of Health, Mass Casualty Incidents – A Framework for Planning 2007;
- Central Government arrangements for responding to an emergency, Concept of Operations 2010;
- Local Health Resilience Partnerships (LHRP) Mass Casualty Frameworks 2015;
- Avon and Somerset Local Resilience Forum Mass Casualty Plan;
- Devon and Cornwall, IOS Local Resilience Forum Mass Casualty Plan;
- Bournemouth Dorset & Poole Local Resilience Forum Mass Casualties Response Plan.
- Swindon and Wiltshire Local Resilience Forum Mass Casualties Plan
- Gloucestershire Local Resilience Forum Mass Casualties Plan

2 INTRODUCTION

2.1 Natural and man-made hazards have the potential to generate large numbers of casualties amongst the population of the South Western Ambulance Service NHS Foundation Trust operational area.

2.2 Even considering the most serious major incidents the NHS have experienced to date, patient numbers have not been on the scale that could be described as mass casualty incidents. Incidents resulting in very large numbers of casualties have fortunately not occurred in UK during the past few decades, but following the terrorist attacks in the United States on 11 September 2001 and subsequent attacks in Bali, Spain, London and most recently the events in Paris and across Europe, this has set the level and pace at which planning for such incidents must now be considered.

2. 3 Emerging infectious diseases, including an influenza pandemic, would result in significantly high numbers of the population becoming ill. Therefore, the potential for incidents that produce larger patient numbers has increased and there is now a need to be prepared to respond to incidents of a different scale and nature.

2.4 National guidance suggests that local major incident response arrangements should be capable of managing tens of casualties and that mass casualty incidents will involve hundreds of simultaneous casualties (Department of Health, 2007). Plans should also be in place to manage more than one simultaneous Mass Casualty Incident.

2.5 Authority for operations in response to a mass casualty incident is derived primarily from the Civil Contingencies Act 2004.

2.6 Although the probability of these events may be considered low, their impact would be significant and even potentially catastrophic to some functions of the NHS.

3 DEFINITIONS

3.1 For the purposes of this document, a casualty is defined as:

- A person who is the victim of an emergency that has caused them to have an injury or resulted in them requiring assistance.

3.2 The Department of Health Guidance; Mass Casualties Incidents – A Framework for Planning 2007 defines a Mass Casualty incident as:-

- ***a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response***.

3.3 The basic operational principles for dealing with a mass casualty event are the same as for a major incident and SWASFT must have contingency plans that:

- Demonstrate that we fully understand the potential scale and nature of the threats and the actions that may be needed, through involvement in multi-agency risk assessments in our area.
- Include appropriate measures if possible, or to mitigate its effect on the health of the community.
- Place particular emphasis on inter-operability and mutual aid.
- Consider measures to utilise all existing NHS capacity in acute and primary care settings more intensively, taking into account the need for sustainability.
- Recognise the potential need to expand existing capacity to cope with larger numbers of patients.
- Include proposals to utilise and deploy staff differently where that is required.
- Promote and support a return to normality as soon as feasible.

4. CORRESPONDING ALERT LEVELS

4.1 A Mass Casualties Incident corresponds to a Level 3 response with regard to the NHS England, Major Incident Plan as shown in the table below.

Table 1: NHS England Incident Response Levels

1	**An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.**
2	**An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.**
3	**An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.**
4	**An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.**

4.2 A mass casualty incident is likely to correspond to a level 2 or 3 national emergency as defined by the National Concept of Operations document which outlines the United Kingdom Government central response to emergencies (Cabinet Office, 2010).

Table 2: Levels of Central Government Emergency Response

Level	Definition
1	Significant emergency – major incident requiring central government involvement or support led by a Lead Government Department or devolved administration.
2	Serious emergency – emergency with wide area or prolonged impacts requiring a cross government central response under the leadership of a Lead Government Department.
3	Catastrophic emergency – exceptionally widespread and high level of impact requiring a top-down response and possible use of emergency powers.

5 CONCEPT OF OPERATIONS

5.1 The 2013 United Kingdom National Planning Assumptions suggest arrangements may be required for up to 2000 casualties for a number of simultaneous conventional incidents. Mass casualties incidents will necessitate a central response by the United Kingdom government.(These planning assumptions are being reviewed following recent incidents, however 2000 remains the official planning assumption).

5.2 Mass casualties incidents will require the implementation of special arrangements as part of a multi-agency response.

5.3 The role of South Western Ambulance Service during a mass casualty incident is to coordinate the NHS response at the scene of the emergency,

- triage and prioritise casualties,
- provide pre-hospital treatment,
- Transportation for high priority casualties.

5.4 Other key tasks include:

- activating major incident arrangements and informing Senior Managers and Directors across partner organisations i.e. NHS England and other emergency services of the scale and nature of the incident, advising the declaration of a mass casualties incident;
- implementing a notification cascade to local NHS organisations and placing them on major incident standby or advising them to activate their major incident plans as appropriate;
- establishing and maintaining internal command and control arrangements and participating in strategic co-ordinating groups and regional coordinating groups meetings and teleconferences;
- identifying primary receiving hospitals and supporting hospitals in liaison with NHS strategic command;
- liaising with NHS strategic command to implement revised triage arrangements including the introduction of the P4 'expectant' category where indicated by the ratio of casualties to available resources;
- mobilising a Hazardous Area Response Team(s) (HART) to the scene of the incident to assist with urban search and rescue and treatment of casualties within hazardous areas;
- providing specialist tactical advice to commanders and partner organisations as appropriate;
- mobilising Medical Advisors (MA) to scene where available and appropriate;
- establishing casualty clearing station(s) at the scene(s) of the incident;
- assisting with patient discharges from Acute Hospitals to ensure effective surge capacity management across the healthcare system;
- facilitating the use of air assets to support the response, including the transportation of casualties, response personnel and equipment to and from the scene of the incident;
- facilitating the deployment of national assets, including accessing the reserve national stock for major incidents;
- prioritising the deployment of voluntary and independent sector ambulance services and vehicular support in liaison with NHS strategic command;

- where resources permit, supporting established emergency treatment centres and survivor reception centres;
- ensure clinical governance arrangements are in place to provide medical ethics advice as required during the course of the emergency response;
- Activate business continuity management arrangements, and review Resource Escalation Action Plan Levels (REAP) to manage service disruptions.

5.5 For mass casualty incidents with Chemical, Biological, Radiological, Nuclear and/or Explosive (CBRNE) elements:

- deploying Special Operations Response Teams (SORT) at the scene of the incident to decontaminate casualties and responders;
- requesting and providing clinical oversight of Fire and Rescue Service mass decontamination arrangements at the scene of the incident or in proximity to healthcare facilities as appropriate (note – FRS Incident Response Unit Capabilities are being reduced during December 2015);
- Co-ordinating the triage, treatment and retrieval of casualties within the hot-zone through the use of a hazardous area response team (HART).

6 ACTIVATION, ESCALATION AND NOTIFICATION

6.1 Activation of this plan will occur when a mass casualty-producing incident exceeds local response capabilities. Depending upon the nature of the incident, demand on response resources may gradually increase and it may well be that local resources are quickly overwhelmed **(see APPPENDIX 1: NHS Mass Casualty Decision Tree)**

6.2 The Ambulance Incident Commander (AIC) will advise the SWASFT internal Tactical (Heads of Operations) that the incident requires the **step up to :-**

Declare a Mass Casualty Incident.

6.3 If agreed, the Ambulance Clinical Hub must contact NHS England, who will activate the NHS England "Incident Control Team". The executive on-call of NHS England will confirm a mass casualty incident.

7 INCIDENTS EXTERNAL TO THE SOUTH WEST REGION

7.1 Whilst this document deals primarily with the management of Mass Casualty Incidents that occur within the operational area of SWASFT, it is recognised that emergencies external to the Trust may require the activation of some or all of the arrangements within this document.

7.2 In the event that a Mass Casualties Incident is declared within the United Kingdom, mutual aid and support may be requested from another Ambulance Trust, or through the National Ambulance Coordination Centre if established, refer to the National MoU for the provision of mutual aid.

8 TRIGGERS / COMMAND AND CONTROL

8.1 The role of the Ambulance Service in a confirmed Mass Casualty incident will be **an extension of their role within a major incident** with wider roles and responsibilities as identified.

- **Mass Casualty Incident Declared** message received from NHS England if not declared by own internal mechanism.

- Implement Major Incident Plan and review planning to create capacity by implementing revised triage guidelines in liaison with NHS England including permission for P4 Expectant level on scene as follows:

(*Casualties who cannot survive treatment or for whom the degree of intervention required is such that in the circumstances their treatment would seriously compromise the provision of treatment to others)*

- P1 casualties prioritised and dispatched to appropriate hospitals as designated by the AIC / MA.

- P2 casualties, consideration should be given to providing appropriate treatment on scene or at appropriate designated health care units / rest centres either within or outside the region.

- P3 casualties will be managed at emergency treatments centres (ETC's) in accordance with local arrangements established within the LRF and LHRP mass casualty plans. ***SEE APPENDIX 1: PATIENT CARE PATHWAY***

9 HUMANITARIAN ASSISTANCE

9.1 As a result of a mass casualty incident, it is likely that there will be a necessity to provide humanitarian assistance. This will be co-ordinated by the Local Authority.

10 PATIENT CARE PATHWAY

10.1 Casualty Collection Point

10.1.1 Casualty Collection Points may be established to ensure casualties are removed to safe shelter from the incident where they may receive basic life-saving treatment.

10.1.2 When it is safe to move patients they will be transferred to the Casualty Clearing Station which is likely to be further from scene than in normal major incidents.

10.2 Casualty Clearing Station

10.2.1 Patients with immediate life-threatening injuries will be provided with basic fluid management and life saving clinical interventions at a Casualty Clearing Station. It is envisaged that patients may receive treatment in this environment for up to eight hours. Existing major incident arrangements to establish a casualty clearing station will be implemented.

10.2.2 These arrangements provide for the mobilisation of additional advanced clinical skills to the casualty clearing station than would normally be implemented. Essentially, this means bringing clinicians to patients rather than patients to the hospital.

10.3 Emergency Treatment Centre (P3)

10.3.1 Existing major incident plans utilising the support of the NHS Primary Care staff, and voluntary organisations, such as St. John and the British Red Cross, will be used to assist those patients requiring some clinical treatment which could be provided in an Emergency Treatment Centre and thereby removing the need to attend main receiving hospitals. The Trust has responsibility for the management and coordination of the Emergency treatment Centre, refer to the action card contained within this plan.

12. MASS CASUALTY SUPPORT VEHICLES

12.1 Additional supplies and consumables to support the management of mass casualty incidents are available from two National Capability Mass Casualty Equipment Vehicles (NCMCEV's) based in

- Plymouth (Devon)
- Sherborne (Dorset).
- North Bristol Operations Centre (Filton, Bristol
- Staverton (Gloucestershire)

12.2 These vehicles have the capacity to support 100 P1 & P2 patients and 250 P3 patients.

12.3 The Trust also has four Equipment Support Vehicles based:

- Bodmin (Cornwall)
- Plymouth (Devon)
- Ferndown (Dorset)

- North Bristol Operations Centre (Filton, Bristol)

12.4 These vehicles have the capacity to support up to 100 casualties as an initial response until further resources can be made available at scene.

12.5 The Trust has two casualty clearing vehicles, these vehicle are to be deployed to all mass casualty incidents where there is a building within which to work and create a casualty clearing station to deal with up to 200 casualties.

13 MUTUAL AID

13.1 Given the numbers of casualties involved it is anticipated that South Western Ambulance Services NHS Foundation Trust will implement a request for mutual aid at the initiation of the incident affecting the National Memorandum of Understanding for Ambulance Services, this is likely to be coordinated by the National Ambulance Coordination Centre. Additional support will be sought through the existing agreements with the British Red Cross and St John Ambulance.

13.2 Additional transport support from Category 1 and 2 agencies to the Health response will require collaborative working through the Strategic Coordinating Group (SCG) of the affected Local Resilience Forum.

14 STRATEGIC HOLDING AREAS/ FORM UP POINTS

14.1 The Trust and Local Resilience For a have identified three sites to be considered as Form Up Points to receive inbound resources from other areas:

- Leigh Delamere Services (M4)
- Strensham Services (M5)
- Bath and West Showground
- Cheltenham Racecourse
- Devon County Show Ground (West Point)
- Cornwall County Showground
- Ringwood St Leonard's
- Taunton Dean Services

15. MANAGING PATIENTS PEADIATRICS AND PATIENTS WITH BURN INJURIES

15.1 A mass casualty incident may give rise to casualties with burns injuries. There is limited capability to deal with burns injuries; however existing arrangements are in place to manage incidents involving significant numbers of burns casualties through the triage process, which will provide access to specialist burn treatment wherever possible.

15.2 The designated facilities available to the South West are shown in Table 4;

Provider	Adult	Child
Salisbury District General Hospital, Salisbury	Unit/Facility	Unit/*Facility*
Derriford Hospital, Plymouth	Facility	Facility

Southmead Hospital, Bristol working jointly with Bristol Children's Hospital	Unit/Facility	Specialist Centre
Morriston Hospital, Swansea	Specialist Centre	Unit/Facility

*Facilities – able to care for minor to moderate burn injuries;

*Units - able to care for moderate to severe injuries

*Specialist Centres – able to care for the most severe and complex cases

15.3 A mass casualty incident may also give rise to a large number of paediatric casualties. Specialist advice and support can be obtained via the Bristol Children's Hospital on 0300 030 0789.

16. ACCESS TO SPECIALIST MAJOR TRAUMA SERVICES

16.1 The number of casualties with major trauma injuries is likely to exceed previous major incident planning arrangements. Implementation of region wide major incident arrangements (which may be supplemented with arrangements in neighbouring regions and some national support) may provide access to NHS care in a wider geographical area than during traditional major incidents.

16.2 Depending on where the incident is, in the event of a mass casualty incident it is anticipated that patients would be transferred to the two major trauma centres in the region to receive treatment*:*

- North Bristol NHS Trust
- Plymouth Hospitals NHS Trust

16.3 Patients are likely to require extended transport arrangements for specialist care or as healthcare capacities are exceeded. Available resources will include:

- NHS road ambulance
- Air ambulance
- Voluntary service/ third sector road ambulances
- Military/Coastguard air assets

16.4 South Western Ambulance Service NHS Foundation Trust will coordinate these arrangements in conjunction with the NHS England Incident Control Team and will select and nominate appropriate secondary landing sites.

16.5 It will be the responsibility of South Western Ambulance Service NHS Foundation Trust to ensure co-ordination of secondary transfers between the land ambulances and the air ambulances before onward transportation to the relevant receiving hospitals. The NHS England Incident Control Team is responsible for the notification of these receiving hospitals outside of the local area.

17. PATIENT TRACKING / RECORD KEEPING

17.1 Current documentation procedures and standards will almost certainly be difficult to maintain in a mass casualty scenario. However, patient care records must be completed at the casualty clearing station.

17.2 **Triage.** Triage principles are to be used by trained Ambulance personnel whenever the number of casualties exceeds the number of skilled rescuers available. The basic system of casualty management is via Smart Triage Cards . They will be issued to those involved in Triage at the scene of a major incident and are available on every Trust emergency vehicle. They are also available in the Mobile Control Units (MCU), Equipment Support Units and Officers' cars. A single triage card, incorporating all four triage categories, is contained within a clear plastic cover and is to be secured to the patient by an elastic loop.

17.4 The Triage process is a dynamic (continuous) process and casualties are to be re-assessed and re-triaged at regular intervals and, where practical, at no more than every 15 minutes.

17.5 The table below shows the categorisation of casualties assessed through the triage process and the planning assumption for the overall composition for that priority group during a Mass Casualties Incident.

Priority	Category	Triage Colour	Definition	Makeup
P1	Immediate	**Red**	Casualties requiring immediate life-saving procedures	25%
P2	Urgent	**Yellow**	Casualties who require intervention within 6 hours	25%
P3	Delayed	**Green**	Less serious cases who require treatment but not within a set time	50%
P4	Expectant	Green label with folded back to show red	Casualties who cannot survive treatment or for whom the degree of intervention required is such that in the circumstances their treatment would seriously compromise the provision of treatment to others	N/A
Dead	Dead	**Black**	Dead	N/A

17.6 Upon notification of a major / mass casualty incident the Acute Trusts will implement their Accident and Emergency Department Mass Casualties Tracking procedures to ensure full oversight of each mass casualty patient in their care.

17.7 In order to facilitate debriefing and provide evidence for inquiries (whether judicial, public, technical, inquest or of some other format), it is essential that a comprehensive record is kept of all events, decisions and actions taken and for this reason policy decision logs MUST be maintained from the outset.

17.8 Good record keeping allows the lessons to be identified and made more widely available for the benefit of those who might be called upon to respond to other similar incidents in the future. Thus lessons identified can be put in to effect and become lessons learned.

17.9 Record keeping procedures are detailed in Trust, Major Incident Plan.

18 MEDIA AND COMMUNICATIONS

18.1 The management of the media, internal and external communications remain a corporate responsibility and high priority for the Trust and NHS England during all mass casualty and incidents involving terrorist activity. Media response will be managed and coordinated by the Strategic Commander support by the on call Communications Manage via the Strategic Coordinating Group.

19 LINKS TO OTHER TRUST POLICIES

19.1 This plan links to the following South Western Ambulance Service NHS Foundation Trust documents:

- Major Incident Plan;
- Command Policy
- Business Continuity Policy;
- Business Continuity Plan;
- REAP
- Mutual Aid Form Up Plan
- National Ambulance MoU for the Provision of Mutual Aid
- Incident Coordination Centre (ICC) SOP

20 AUDIT AND REVIEW

20.1 The SWASFT Mass Casualties Guidance will be audited as follows:

- Annually via the Emergency Preparedness Team.
- Post-major incident, a test/exercise of the Plan or receipt of national, regional or local guidance.

ACTION CARD MC1 – MASS CASUALTY AMBULANCE (ICC) INTERNAL THQ

	ACTION	COMPLETED (date/time)	HOW ACTIONED/ LOG ENTRY NUMBER	SIGNATURE
1.	Receive update from Clinical Hub Duty Manager and / or Operational Commander			
2.	Note METHANE information and agree with AIC step up to Mass Casualty Incident for SWASFT			
3.	Update the on-call Director and request that they inform the other directors and the Chief Executive.			
4.	Ensure the appropriate managers have been informed and receive situation reports relating to the incident and what has been achieved with regard to patient movement. This will be on a continuing basis.			
5.	Ensure that the required NHS command roles are identified and allocated.			
6.	Consider implementing the Trust Business continuity Plan and review REAP Levels. Consider escalation to an appropriate REAP level			
7.	Suspend all operational training and redeploy staff/managers.			
8.	Consider invocation of the P4 Expectant level on scene in conjunction with the Ambulance Incident Commander and the Strategic Medical Advisor.			

ACTION CARD MC2 –AMBULANCE INCIDENT COMMANDER (SCENE)

	ACTION	COMPLETED (date/time)	HOW ACTIONED/ LOG ENTRY NUMBER	SIGNATURE
1.	Receive initial call from Clinical Hub.			
2.	Note METHANE information and agree with SWASFT ICC / Tactical Commander the step up to Mass Casualty Incident for SWASFT			
3.	Ensure that the required NHS command roles on site are identified and allocated.			
4.	Attend multi-agency operational meetings.			
5.	Monitor issues relating to staff Health and Safety at scene.			
6.	Staff welfare, provide welfare and support for all ambulance personnel attending the incident (Food & Water).			
7.	Consider the provision of helicopter transport for large numbers of patients/equipment from designated locations.			
8.	Consider invocation of the P4 Expectant level on scene in conjunction with the Tactical Command, Strategic Commander and the Strategic Medical Advisor.			

ACTION CARD MC3 – MASS CASUALTY STRATEGIC COMMANDER

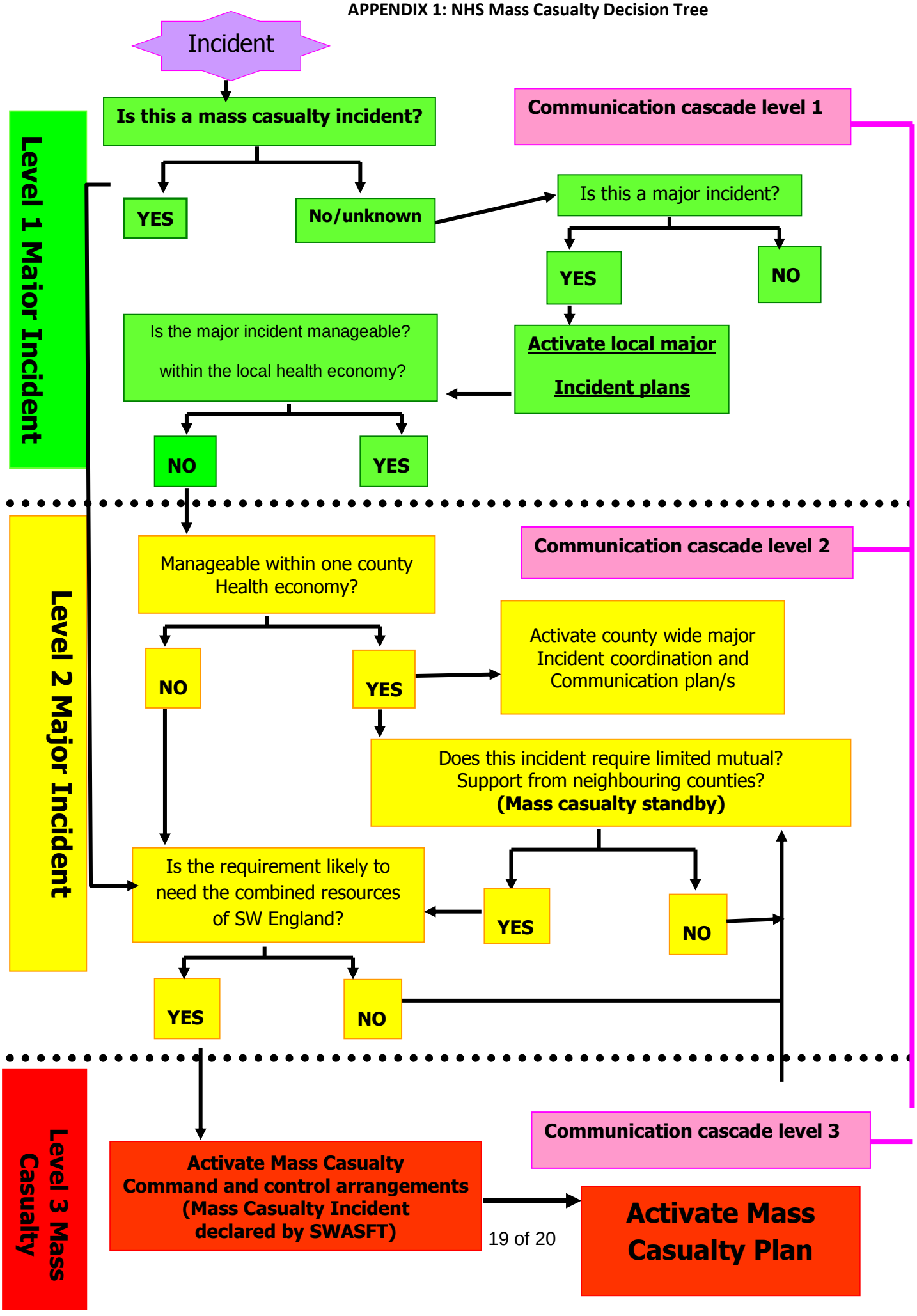
	ACTION	COMPLETED (date/time)	HOW ACTIONED/ LOG ENTRY NUMBER	SIGNATURE
1.	Receive notification from Duty Tactical Commander/ Clinical Hub			
2.	Note METHANE information for SWASFT			
3.	Alert all other available directors and the Chief Executive.			
4.	Ensure that the required NHS command roles are identified and allocated.			
5.	Set SWASFT Strategic Plan/ Policy.			
6.	Oversee issues relating to staff Health and Safety.			
7.	Initiate Trust Recovery/ Business Continuity Management Group			
8.	Consider role of Voluntary Aid Societies in longer term support.			
9.	Contact media lead to agree information release.			
10.	Attend STRATEGIC COMMANDER SCG Meetings as called.			

EMERGENCY TREATMENT CENTRE COMMANDER ACTION CARD

Purpose:	1. To provide a checklist for the Emergency Treatment Centre (ETC) SWASFT Operational Commander Role.
Key information	2. The purpose of the SWASFT Operational Commander is to lead a team of NHS and British Red Cross (BRC) clinicians, to provide triage, treatment and discharge of Priority 3 (P3) casualties attending an ETC during a declared Mass Casualty Incident. 3. SWASFT will task staff deployed from other organisations against agreed checklists (like this one) to operate an ETC providing: welcome and registration, triage, assessment and treatment/discharge. SWASFT (with the Police) will determine appropriate location, space and conditions for this provision.
Triggers	4. SWASFT determine the need for an ETC and contact NHS England to mobilise resources from other agencies via the Health Community Response Plan.
Activation	5. Individual staff members required to perform the SWASFT Operational Commander role will be deployed through SWASFT's own organisational procedures and will report to the scene and give direction to other staff members.
Actions for the SWASFT Operational Commander Role	6. Carry out a dynamic risk assessment to identify any hazards and control measures following activation of the ETC. 7. SWASFT Smart Triage cards are used initially at scene as part of normal procedure. . Thereafter, BRC Patient Report Form (see example below) will be used to record all treatment provided (and any refused) in the ETC. Copies of all documents will be transferred with patients when they leave the ETC. 8. Maintain welfare checks on staff working within the ETC by ensuring: □ staff take appropriate breaks □ shift patterns are in place, including the length of shifts are managed

	refreshments are available rotas are developed to maintain ETC resources during a protracted incident 9. Transfer any P3 casualty, whose medical condition deteriorates whilst attending the ETC, to the most appropriate NHS setting and/or the Casualty Clearing Station at the scene for treatment. 10. Manage communications relating to P3 casualties attending an ETC. 11. Provide ETC input to the operational management of the overall Survivor Reception Centre.

APPENDIX 1: NHS Mass Casualty Decision Tree



Appendix 2

PATIENT CARE PATHWAY